



City of Lodi Pet Licensing Application/Instructions

Dogs:

1. Fill out application. Please include your physical address. This is required to license your pet.
2. Enclose your pet's valid rabies certificate (required). The rabies vaccine must be valid for the full term of the license requested.
3. License can be purchased for up to 3 years.

Cats:

1. Fill out application. Please include your physical address. This is required to license your pet.
2. No vaccine information is required to license your cat.
3. License can be purchased for up to 3 years.

Fees:

Altered		Unaltered	
1yr	\$6.00	1yr	\$20.00
2yrs	\$12.00	2yrs	\$40.00
3yrs	\$18.00	3yrs	\$60.00

Application may be mailed to PO Box 3006 Lodi CA 95241-1910. Please include rabies vaccination certificate (if required) and check or money order made payable to City of Lodi. If you have questions please call 333-6717.

Application

Pet Name			Owner name		
Check One	Dog	Cat	Address (Physical)		
Breed			Address (Mailing)		
Age			City, State, Zip		
Color			Home phone #		
Color Pattern			Other phone #		
Check One	Male	Female	Check One	Neutered	Spayed

Rabies Information (office use):

Payment Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A B C D M S	
Vac. Expiration Date	Term	1 yr 2 yrs 3 yrs	
Clinic	Fee	Penalties	
Phone	Total Fees		
	Total Fees All Pets		

Pet 2

Pet Name			Owner name		
Check One	Dog	Cat	Address (Physical)		
Breed			Address (Mailing)		
Age			City, State, Zip		
Color			Home phone #		
Color Pattern			Other phone #		
Check One	Male	Female	Check One	Neutered	Spayed

Rabies Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A B C D M S	
Vac. Expiration Date	Term	1 yr 2 yrs 3 yrs	
Clinic	Fee	Penalties	
Phone	Total fees		

Payment Information (office use):

Pet 3

Pet Name			Owner name		
Check One	Dog	Cat	Address (Physical)		
Breed			Address (Mailing)		
Age			City, State, Zip		
Color			Home phone #		
Color Pattern			Other phone #		
Check One	Male	Female	Check One	Neutered	Spayed

Rabies Information (office use):

Tag #	Date	Check	Cash
Vaccination Date	Window	A B C D M S	
Vac. Expiration Date	Term	1 yr 2 yrs 3 yrs	
Clinic	Fee	Penalties	
Phone	Total fees		

Payment Information (office use):